

ABSENTEE SHAWNEE TRIBE OF OKLAHOMA
RENTAL PROPERTY
TECUMSEH SQUARE

I, _____, CDIB # _____, _____
Last First Middle Address

_____ would like to rent the Tribe's rental property described
Work Phone Home Phone

as Tecumseh Square, for _____ from _____ to _____.
Activity Date/Time Date/Time

Tribal Members/Non-tribal Members \$ 150.00 Key Deposit (Refundable) \$ 300.00 Rental (per Day)

Fee will be Waived for Traditional or Ceremonial Use
Fees can only be waived by a Member of the Executive Committee
AS Stated above, the only refundable money will be the Key Deposit

I UNDERSTAND THAT I AM RESPONSIBLE FOR SAFEGUARDING AND PREVENTING THE UNAUTHORIZED USE OF THE KEY(S) WHICH I HAVE BEEN ISSUED. IF I LOSE THE KEY(S), I AM RESPONSIBLE FOR NOTIFYING THE PROPER OFFICAL IMMEDIATELY AND FOR PAYING THE EXPENSE INCURRED TO REPLACE THEM. I ALSO UNDERSTAND ANY DUPLICATION OR AUTHORIZATION FOR OTHERS TO UTILIZE THE KEY(S) WITHOUT PAYING DEPOSIT OR HAVING PRIOR APPROVAL COULD RESULT IN LOSING MY \$150.00 KEY DEPOSIT AND MAY AFFECT MY FUTURE REQUESTS. **I UNDERSTAND THAT THE COST OF REPAIRS FOR ANY DAMAGES SUSTAINED WHILE THE FACILITY IS BEING UTILIZED WILL BE THE RESPONSIBILITY OF THE LESSEE.** I ALSO UNDERSTAND THAT I, THE LESSEE WILL BE RESPONSIBLE FOR:

- 1) The Collection and proper disposal of any garbage accumulated at the facility during my rental period.**
- 2) The clean up of the building and parking lot.**

FURTHER, THE LESSEE AGREES TO HOLD THE ABSENTEE SHAWNEE TRIBE HARMLESS FROM ANY CLAIMS OR SUITS THAT COULD ARISE FROM THE USE OF THE FACILITY. **I ALSO UNDERSTAND THAT ALCOHOL AND/OR DRUGS ARE STRICTLY FORBIDDEN**

Signature of Recipient

Date

Signature of Issuing Official

Date

TO LESSEE:

If you experience any major problems, such as plumbing, electrical, etc. during your use of the AST Building, you may contact Maintenance at: 275-4030 ext. 154 (8 a.m. – 5 p.m.) or 304-1177 (**AFTER HOURS ONLY**)

An inspection will be completed and any damages will be noted. As stated above, “the cost of repairs for any damages sustained while the facility is being utilized will be the responsibility of the lessee” Immediately after inspection, lessee will be notified of any damages and cost.

The following equipment has been requested for mentioned activity.

1) _____ 2) _____ 3) _____

INSPECTION LIST**KITCHEN:**

Sinks _____
Counter Tops _____
Stove _____
Oven _____
Floors _____
Refrigerator _____
Other Appliances _____

RESTROOMS:

Sinks _____
Toilets _____
Mirrors _____
Floors _____

ACTIVITY AREA:

Carpet _____
Floor _____
Windows _____
Blinds _____

PARKING AREA:

EQUIPMENT:

Tables _____
Chairs _____
Sound Equipment _____

Lessee Contract Number

Inspector Signature

Date